

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that *we* can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

11-14-02

\*01-348

Jack Richards

1001 G Street, N.W.  
Washington, DC 20001**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly)

K. B. Ball

B. Date of Delivery

12-6-02

C. Signature

X K. B. Ball

☐ Agent☐ Addressee

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

## 3. Service Type

☐ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

DOCKET NO ...

01-348

**CERTIFIED  
MAIL****RETURN****RECEIPT****REQUESTED**

ORDER DATED
11-14-02
DP 02-3173
FEE
MIMEOGRAPH NO.

**NAME:** Jack Richards

Keller and Heckman LLP

1001 G Street, N.W.

Washington, DC 20001

C. R. R. NO.

BY .....

**U.S. Postal Service****CERTIFIED MAIL RECEIPT**

(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

Postage \$

.40

Certified Fee

2.30

Return Receipt Fee  
(Endorsement Required)

1.75

Restricted Delivery Fee  
(Endorsement Required)

Total Postage &amp; Fees \$

4.65

Name (Please Print Clearly) to be completed by addressee

JACK RICHARDS

Street, Apt. No., or PO Box No.

1001 G STREET, N.W.

City, State, ZIP+4

WASHINGTON DC 20001

PS Form 3800, July 1999

See Instructions

7000 0600 0023 0771 3020

